

Docket No. _____
(For Office Use)

Questionnaire on the incident you are complaining about.

Issue: **Housing**

Your Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. (h)(____) _____ (w)(____) _____

***You must keep the Commission notified of any change in your address.**

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. (h)(____) _____ (w)(____) _____

Name of Person or Organization your complaint is against.

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

County _____ Telephone No. (____) _____
Number of units owned or managed by above. Please check one.

Less than 2 _____ 2 to 14 _____ 15-100 _____ 101-200 _____

201-500 _____ 500 plus _____ Unknown _____

1. In this Questionnaire, you will see the word “class” mentioned. Class means the person’s race, sex, age, ancestry, religion and so on. Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex/male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

Which of the following do you feel was the reason(s) for your being treated adversely by the person or organization you are filing against.

*Please indicate your class, i.e. race/Black, sex/male, etc. for each class you feel was a factor in discrimination.

Race _____ Age (40-70) _____

Color _____ Religious Creed _____

Familial Status* _____ Ancestry _____

*One or more individuals under 18 housed by parent or person with legal custody or pregnant. Place of Birth _____

Number of Children _____ Handicap or Disability _____

Under age 18 _____ National Origin _____

Pregnancy/birth of child _____ Sex _____

Not Accessible _____ Retaliation _____

Association with someone with a disability _____

Trainer/Handler/User of support animal _____

Sexual Preference/Orientation _____ Marital Status _____

2. Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you. (Include dates of occurrences)

(Use reverse side for additional information)

3. How was your class a factor in your treatment? _____

4. Do you know of others in your class who have received the same or similar treatment? Please give names, addresses and telephone numbers:

Name_____	Name_____
Address_____	Address_____
_____	_____
Telephone (____)_____	Telephone(____)_____

5. Do you know of others treated differently under the same or similar conditions? Please indicate their names, addresses, telephone numbers, and class.

Name_____	Name_____
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Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Class _____

Class _____

A. How were they treated differently? _____

6. Do you have any documents, (such as receipts, letters, applications), to back up what you are saying?

Yes ____ No ____ . If yes, please attach copies.

7. Do you have any witnesses to this treatment? If yes, please list their names, addresses, telephone numbers, class and what they will say.

Name _____

Name _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Class _____

Class _____

8. What do you hope to achieve by filing your complaint?

_____.

9. Other relevant information you may wish the Commission to review pertaining to this complaint?

10. Have you filed a complaint based on the same information with any other agency or Commission? If so, please list and date(s) of contact.

11. Is an attorney representing you in this matter? If so, please provide the name, address and telephone number.

Docket No. _____
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SPECIFIC INFORMATION – HOUSING

Name _____ SS Number _____

Telephone (h)() _____ (w)() _____ Birth Date _____

Spouse's Name _____ SS Number _____

Telephone (h)() _____ (w)() _____ Birth Date _____

FAMILY COMPOSITION

No. of Adults _____ No. and Kind of Pets _____

No. of Children _____

No. of Children residing with you to be housed in unit sought _____

Ages of (above) Children to be housed _____

EMPLOYMENT

Employer _____

Address _____

Position _____ Date of Hire _____

Name of Supervisor _____ Phone _____

Spouse's Employer _____

Address _____

Position _____ Date of Hire _____

Name of Supervisor _____ Phone _____

PRESENT HOUSING Own _____ Rent _____ (Check One)

Owner: Date Purchased _____ %Equity _____

Current Monthly Mortgage: _____

Renter: Landlord/Lady: _____ Telephone _____

Address: _____

Amount of Monthly Rent: _____

Are the Utilities Included in the rent? _____ If yes, please list those included:

Type of Lease: _____ Which? _____
(Yearly, Monthly/Written, Oral)

Mileage from present residence to work: Complainant _____ Spouse _____

FINANCIAL POSITION: (Use Monthly Figures)

INCOME

DEBTS

Gross Salary/Wages:
(Before Taxes are taken out)

Complainant: _____
Spouse: _____

Personal Loans: _____/Mo.
Such as Credit _____/Mo.
Cards) _____/Mo.

Average Overtime, Bonuses
and Commissions:

Complainant: _____
Spouse: _____

Auto Loans: _____/Mo.
_____/Mo.
Mortgage Loans: _____/Mo.
_____/Mo.

Interest, Dividends:

Complainant: _____
Spouse: _____
Child Support: _____/Mo.
Child Care: _____/Mo.

Other Income (Specify):